SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

PAGE 23 / 25

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

---

A. Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City	State	Zip Code
New York	NY	10022

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
State: District:

Transaction ID: 12849460
Date of Disbursement
M M 0 8 / D D 1 1 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period
5000.00

B. Full Name (Last, First, Middle Initial)

Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City	State	Zip Code
Erlanger	KY	41018

Purpose of Disbursement

Candidate Name
Rep. Geoffrey Davis

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼
State: KY   District: 4

Transaction ID: 12921922
Date of Disbursement
M M 0 8 / D D 1 7 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)

The National Leadership PAC

Mailing Address P.O. Box 5577

City	State	Zip Code
Manhattanville Sta	NY	10027

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
State: District:

Transaction ID: 12979454
Date of Disbursement
M M 0 8 / D D 1 7 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) .... ▶   7000.00

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule B (Form 3X)** Rev. 02/2003